

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 399807	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 11/29/2022
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE, P. O. BOX 850 HERSHEY, PA 17033		
STATE LICENSE NUMBER: P6IG0101				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
X 0000	INITIAL COMMENT	X 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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X 0000	<p>Continued from page 1</p> <p>This report is the result of an unannounced revisit survey completed on November 29, 2022, following a complaint investigation survey completed on May 6, 2022, at Milton S. Hershey Medical Center - Transplant Center. It was determined that the facility was in compliance with Part 482 - Conditions of Participation for Hospital - Subpart E - Requirements for Specialty Hospital - 482.68 Special requirements for transplant centers.</p> <p>The facility achieved compliance for the following Conditions of Participation and standard and element level deficiencies:</p> <p>482.74 Condition of Participation: Notification to CMS for the Adult Kidney Only (MAKO) and the Adult Liver (ALI) Transplant Program.</p> <p>482.74(a)(1) Change in Key Staff Members Adult Kidney Only (MAKO) and Adult Liver (ALI)</p>	X 0000			



Certified End Page

MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER

STATE LICENSE NUMBER: P6IG0101

SURVEY EXIT DATE: 11/29/2022

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY